



STUDENT SPONSORSHIP PROGRAMME

Developing Leaders Through Academic Excellence

High School Scholarship Application Form

2026

CLOSING DATE: 30 SEPTEMBER 2026

ELIGIBILITY REQUIREMENTS

Scholars who meet all of the following criteria are invited to apply:

- Male or female
- Currently enrolled in Grade 6 (2026)
- Applicants must be in Grade 6 and between 11 and 12 years of age at the time of application (i.e. born in 2014 or 2015)
- South African citizen
- Achieving an overall average of 80% or above in their most recent academic report
- Achieving an average of 80% or above in Mathematics, Natural Science and English
- Demonstrating financial need: combined household gross annual income not exceeding R200,000 per annum.

APPLICATION CHECKLIST — ATTACH ONLY THE DOCUMENTS LISTED

Ensure all of the following certified documents are included. Tick each box to confirm inclusion.

<input type="checkbox"/>	Certified copy of Scholar's birth certificate
<input type="checkbox"/>	Certified copy of Scholar's final Grade 5 report
<input type="checkbox"/>	Certified copy of Scholar's Grade 6 Term 2 report



	Certified copies of Parent / Guardian(s) identity document(s)
	Certified copy of most recent payslip (for each parent / guardian, where applicable)
	Certified copy of SASSA letter of confirmation (if applicable)
	Most recent 3 months' bank statements
	Signed parent / legal guardian declaration (page 8 of this form)
	If recently unemployed: certified letter of retrenchment or employment termination
	If self-employed: most recent annual financial statements and IT34 document

IMPORTANT NOTICE TO PARENTS, GUARDIANS AND CAREGIVERS

SSP welcomes applications from academically talented learners from under-resourced communities. Please read the following carefully before completing this form.

- Submission of an application does not guarantee the award of an SSP Scholarship.
- All applicants must successfully complete each stage of the SSP selection process before a Scholarship is awarded.
- Applications that are incomplete or do not meet SSP's eligibility criteria will be disqualified without notification.
- The decision to award a Scholarship rests solely with SSP and is final. No correspondence regarding selection outcomes will be entered into.
- Only qualifying applicants will be contacted.

Completed applications must be emailed to contact@ssp.org.za by **30 September 2026**, with all required documents attached as per the checklist above.

Note: If awarded a Scholarship, the successful Scholar will be required to attend an SSP-selected partner school. Please refer to Section C for a full overview of family responsibilities.

SECTION A — SCHOLAR INFORMATION

Please complete all fields fully and accurately. Demographic fields are used for SSP's research and statistical reporting purposes only.

Surname _____

First Names _____

Date of Birth (DD/MM/YYYY) _____ **Gender** _____

Country of Birth _____ **Nationality** _____ **Race** _____

Mobile Number _____ **Home Number** _____

Physical Address (Street and Suburb) _____

City / Town and Postal Code _____



Current School Name _____

Current Grade _____ **EMIS / Learner ID Number (if known)** _____



SECTION B1 — PARENT / CAREGIVER / GUARDIAN 1 INFORMATION

This section must be completed for all primary caregivers, including all parents, legal guardians, and those acting in the place of a parent. The spouse or partner of any caregiver must also be listed in Section B2.

Full Name and Surname _____

Relationship to Scholar _____

ID Number _____ Nationality / Citizenship _____

Country of Birth _____ Gender _____ Marital Status _____

Race _____

Physical Address (Street and Suburb) _____

City / Town and Postal Code _____

Mobile Number _____ Work Number _____

Email Address _____

Employer _____ Position _____

Gross Monthly Income _____ Other Income (specify) _____

Monthly Expenses

Expense Item	Amount	Expense Item	Amount
Home Rental or Bond	R	Medical Aid	R
Vehicle Repayment & Insurance	R	School / University Fees	R
Transport	R	Telephone Bills	R
Life Insurance	R	Water and Electricity	R
Pension or Provident Fund	R	Entertainment	R
Clothing and Other Accounts	R	Groceries	R
Personal Loan	R	Child Maintenance	R
Credit Card	R	Other	R
TOTAL	R		

Household Dependents



List all persons financially dependent on this household, including the applicant Scholar.

Name	Age	School / Education Level	Annual Fees (if applicable)



SECTION B2 — PARENT / CAREGIVER / GUARDIAN 2 INFORMATION

If there is no second caregiver, please write "Not applicable" in the Full Name field below.

Full Name and Surname _____

Relationship to Scholar _____

ID Number _____ Nationality / Citizenship _____

Country of Birth _____ Gender _____ Marital Status _____

Race _____

Physical Address (Street and Suburb) _____

City / Town and Postal Code _____

Mobile Number _____ Work Number _____

Email Address _____

Employer _____ Position _____

Gross Monthly Income _____ Other Income (specify) _____

Monthly Expenses

Expense Item	Amount	Expense Item	Amount
Home Rental or Bond	R	Medical Aid	R
Vehicle Repayment & Insurance	R	School / University Fees	R
Transport	R	Telephone Bills	R
Life Insurance	R	Water and Electricity	R
Pension or Provident Fund	R	Entertainment	R
Clothing and Other Accounts	R	Groceries	R
Personal Loan	R	Child Maintenance	R
Credit Card	R	Other	R
TOTAL	R		



Household Dependents

List all persons financially dependent on this household, including the applicant Scholar.

Name	Age	School / Education Level	Annual Fees (if applicable)



SECTION C — PARTNERSHIP COMMITMENT

The SSP High School Scholarship is a five-year investment in your child's future. We believe this partnership works best when family expectations are clear from the outset. Please read this section carefully before signing the declaration on the final page.

What the Scholarship Covers

- Tuition fees and approved school-related expenses at an SSP-selected partner school for up to five years, subject to satisfactory annual academic performance.

Family Responsibilities

The following costs and commitments remain the responsibility of the Scholar's family:

- Daily transport to and from the partner school
- Daily meals and refreshments for the Scholar
- A means-tested annual family contribution (detailed below)

Annual Family Contribution

SSP applies a means-tested annual family contribution, determined on an individual basis through a verified assessment of household income and reviewed annually. The contribution is calculated to ensure it is fair, equitable, and proportionate to each family's financial circumstances.

The annual family contribution is determined using a sliding scale based on the declared combined gross annual household income. This sliding scale applies to households with a combined gross annual income of up to R200,000.

Acknowledgement of Partnership Commitment

By signing below, I confirm that I have read and understood the Partnership Commitment above, including my family's responsibilities. I understand that the annual family contribution will be confirmed in writing if a Scholarship offer is extended, and that no financial commitment is required at this stage.

Signed _____ **Date** _____

Full Name _____

Relationship to Scholar _____



PARENT / GUARDIAN DECLARATION

I, _____ (full names of parent / guardian / caregiver), hereby confirm that:

1. All information provided in this application form is true, accurate, and complete to the best of my knowledge.
2. The essay submitted with this application is the original work of the applicant and has not been written or assisted by any other person.
3. I have read, understood, and accept the terms, conditions, and Partnership Commitment set out in this form.
4. I consent to SSP collecting, storing, and using the personal information in this form for the sole purpose of processing this Scholarship application, in accordance with SSP's Privacy Commitment below and the Protection of Personal Information Act (POPIA).

Signed _____

Date _____

PRIVACY AND PERSONAL INFORMATION (POPIA)

SSP is committed to protecting your personal information in accordance with the Protection of Personal Information Act (POPIA). The information you provide in this form will be:

- Used solely to process and evaluate your Scholarship application
- Stored securely and accessed only by authorised SSP personnel
- Not shared with third parties without your consent, except as required by law

For queries about how SSP manages your personal information, contact contact@ssp.org.za.

SCHOLAR ACKNOWLEDGEMENT

I, _____ (scholar's full name), confirm that:

1. The essay I have submitted is entirely my own work.
2. I have not received help from any other person in writing my essay.
3. I understand that SSP may ask me to discuss my essay during the selection process.

Signed _____

Date _____